

SAN DIEGO COUNTY
DEFERRED COMPENSATION PLAN
457 ENROLLMENT/BENEFICIARY FORM

Return to: T. Rowe Price Retirement Plan Services
Special Attn: Forms Enclosed
P.O. Box 17215
Baltimore, Maryland 21297-1215



Employee Information

Last Name		First	M.I.	Social Security Number	
Street Address		City		State	Zip
Date of Birth	Home Phone		Work Phone		Employee Number
Division			Mail Stop Number		

This represents:

☐ I elect to defer \$ _____ of my adjusted gross compensation each pay period.
Note: Maximum deferral shall not exceed the lesser of \$14,000 or applicable 402(g) limit per taxable year, or 25% of predeferral taxable gross income.
Note: To change your salary deferral percentage, call the Plan Account Line (PAL) at 1-800-922-9945.

Investment Allocation (Must be completed in whole percentages.)

FUND	PERCENT (%)	FUND	PERCENT (%)
Emerging Markets Stock Fund (01)	_____ %	High Yield Fund (57)	_____ %
Global Stock Fund (03)	_____ %	Dividend Growth Fund (58)	_____ %
Financial Services Fund (07)	_____ %	New America Growth Fund (60)	_____ %
Spectrum International Fund (08)	_____ %	Science & Technology Fund (61)	_____ %
Emerging Markets Bond Fund (10)	_____ %	Mid-Cap Growth Fund (64)	_____ %
Personal Strategy Income Fund (11)	_____ %	Small-Cap Stock Fund (65)	_____ %
Personal Strategy Balanced Fund (12)	_____ %	U.S. Treasury Intermediate Fund (66)	_____ %
Personal Strategy Growth Fund (13)	_____ %	U.S. Treasury Long-Term Fund (67)	_____ %
Health Sciences Fund (14)	_____ %	Balanced Fund (68)	_____ %
Mid-Cap Value Fund (15)	_____ %	GNMA Fund (70)	_____ %
Value Fund (17)	_____ %	Equity Income Fund (71)	_____ %
Media & Telecommunications Fund (21)	_____ %	Capital Appreciation Fund (72)	_____ %
Real Estate Fund (22)	_____ %	International Bond Fund (76)	_____ %
Total Equity Market Index (23)	_____ %	European Stock Fund (79)	_____ %
Extended Equity Market Index (24)	_____ %	Spectrum Income Fund (88)	_____ %
International Stock Fund (37)	_____ %	Spectrum Growth Fund (89)	_____ %
New Asia Fund (39)	_____ %	Blue Chip Growth Fund (93)	_____ %
Growth Stock Fund (40)	_____ %	Latin America Fund (97)	_____ %
New Era Fund (41)	_____ %	U.S. Bond Index Fund (L2)	_____ %
New Horizons Fund (42)	_____ %	International Equity Index Fund (KP)	_____ %
Prime Reserve Fund (44)	_____ %	International Growth & Income Fund (S2)	_____ %
Small-Cap Value Fund (46)	_____ %	Developing Technology Fund (6R)	_____ %
Equity Index 500 Fund (50)	_____ %	Emerging Europe & Mediterranean Fund (4P)	_____ %
U.S. Treasury Money Fund (53)	_____ %	Global Technology Fund (QW)	_____ %
Short-Term Bond Fund (55)	_____ %	TOTAL	100%

(Note: Total percentage must equal 100%)

Beneficiary

I hereby designate the following to be my beneficiary for the San Diego County Deferred Compensation Plan:

Primary Beneficiary(ies)

Name	Address	Social Security Number	Birthdate	Relationship
Name	Address	Social Security Number	Birthdate	Relationship
Name	Address	Social Security Number	Birthdate	Relationship

Contingent Beneficiary(ies)

Name	Address	Social Security Number	Birthdate	Relationship
Name	Address	Social Security Number	Birthdate	Relationship
Name	Address	Social Security Number	Birthdate	Relationship

Signatures

I hereby acknowledge receipt of a copy of the Plan Features and agree to the rules, terms, and conditions. I hereby acknowledge that I have received and read a prospectus. I hereby acknowledge that the County of San Diego and its agents are not required to invest deferred funds in any manner whatsoever. I understand that participation in the Deferred Compensation Plan is voluntary and is a benefit offered under the County of San Diego. In return for this benefit, I and my heirs, successors, and assignees shall hold harmless the County of San Diego and its employees, officials, agents, assignees, and successors from any and all liabilities for all acts in good faith.

Signature of Employee

Date



COUNTY OF SAN DIEGO

DISCLOSURE STATEMENT

YES

NO

I have received a current fund profile/prospectus, which includes an explanation of fees and charges.

YES

NO

I understand that T. Rowe Price will charge each participant an annual administrative fee of \$40.50.

YES

NO

I understand that the money deposited in the San Diego County Deferred Compensation Plan cannot be paid out or withdrawn from the Plan except at retirement, termination of employment, death, or due to an extreme financial hardship caused by an unforeseeable emergency

Unforeseeable Emergency defined:

An unforeseeable emergency generally means a severe financial hardship to the participant resulting from:

1. A sudden and unexpected illness or accident of the participant or of a dependent as defined in IRS Code Section 152;
2. The loss of the participant's property due to casualty; or
3. Any other extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant.

Extreme Financial Hardship as defined by ordinance is:

“An emergency distribution may be granted for reason of an unforeseeable emergency where withdrawal of funds would be necessary to prevent great hardship to the Participant and the amount withdrawn is only the amount necessary to meet that emergency. The Participant may apply to the County of San Diego for withdrawal of such amount from the Plan prior to commencement of payment of benefits under the Plan. Examples of such need under the foregoing criteria may be emergencies due to catastrophic illness, fire, flood, earthquake, death of spouse or dependent, disabling injury, and examples of similar import. Withdrawals for expenditures normally budgetable, such as a down payment on a home, purchase of an automobile, or college expenses, **will not** be permitted.”

“Any amounts approved for withdrawal shall be paid to the Participant in a lump sum. If such application for withdrawal is approved by the County of San Diego, the withdrawal will be effective the later of the date specified in the Participant's application, or the date approved by the County of San Diego. If all such amounts credited to the Participant's account are withdrawn pursuant to such an approved application, the employee's participation in the Plan shall terminate upon the effective date of the withdrawal unless the Participant requests to continue his/her participation.”

My signature on this statement indicates that I have received and understood the items listed above.

PRINT NAME

DATE

SIGNATURE